

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/546000

FILING DATE

APPLICANT(S)

CLAIMS

| | AS FILED | | AFTER 1 ST AMENDMENT | | AFTER 2 ND AMENDMENT | | |
|--------------|----------|------|------------------------------------|------|------------------------------------|------|--|
| | IND. | DEP. | IND. | DEP. | IND. | DEP. | |
| 1 | 1 | | 1 | | | | |
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| 7 | 1 | | 1 | | | | |
| 8 | 1 | | 1 | | | | |
| 9 | 1 | | 1 | | | | |
| 10 | 1 | | 1 | | | | |
| 11 | 1 | | 1 | | | | |
| 12 | 1 | | 1 | | | | |
| 13 | 1 | | 1 | | | | |
| 14 | 1 | | 1 | | | | |
| 15 | 1 | | 1 | | | | |
| 16 | 1 | | 1 | | | | |
| 17 | 1 | 3 | 1 | 3 | | | |
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| TOTAL IND. | | | 4 | | | | |
| TOTAL DEP. | | | 23 | | | | |
| TOTAL CLAIMS | | | 27 | | | | |

| | AS FILED | | AFTER 1 ST AMENDMENT | | AFTER 2 ND AMENDMENT | | |
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| | IND. | DEP. | IND. | DEP. | IND. | DEP. | |
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| TOTAL IND. | | | | | | | |
| TOTAL DEP. | | | | | | | |
| TOTAL CLAIMS | | | | | | | |